

HONORABLE JOHN C. COUGHENOUR

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE

JOSEPH A. IOPPOLO; DAVID MCCRAY  
and SALLY MCCRAY, husband and wife;  
SCOTT KASEBURG and KATHRYN  
KASEBURG, husband and wife; CAR LOT  
LLC, a Washington limited liability  
company; FLOOR CRAFT BUILDING  
LLC, a Washington limited liability  
company; FREY REED BUILDING LLC, a  
Washington limited liability company; and  
WOODINVILLE LANDING LLC, a  
Washington limited liability company, for  
themselves and a Class of Similarly Situated  
Plaintiffs,

Plaintiffs,

vs.

PORt OF SEATTLE, a municipal  
corporation; PUGET SOUND ENERGY,  
INC., a Washington for profit corporation,  
KING COUNTY, a political subdivision of  
the State of Washington; CENTRAL  
PUGET SOUND REGIONAL TRANSIT  
AUTHORITY, a municipal corporation; and  
CASCADE WATER ALLIANCE, a  
municipal corporation,

Defendants.

Case No. 2:15-cv-00358-JCC

DECLARATION OF KRISTIN  
BALLINGER IN SUPPORT OF  
CONSOLIDATED REPLY OF  
DEFENDANTS PORT OF SEATTLE,  
KING COUNTY, SOUND TRANSIT IN  
SUPPORT OF THEIR MOTION TO  
DISMISS PLAINTIFFS' COMPLAINT  
FOR FAILURE TO SATISFY RCW  
4.96.020

**NOTED FOR:**  
**FRIDAY, MAY 1, 2015**

1 I, Kristin Ballinger, declare as follows:

2       1. I am one of the attorneys for the defendant Port of Seattle in the above  
3 captioned action, am over age 18, and competent to be a witness. I am making this declaration  
4 based on facts within my own personal knowledge.

5       2. Attached hereto is a true and correct copy of the Port of Seattle Tort Claim  
6 Form Packet that I caused to be printed from the Port's website  
[7 \(\[https://www.portseattle.org/About/Contact/Documents/Tort\\\_Claim\\\_Form\\\_Packet.pdf\]\(https://www.portseattle.org/About/Contact/Documents/Tort\_Claim\_Form\_Packet.pdf\)\)](https://www.portseattle.org/About/Contact/Documents/Tort_Claim_Form_Packet.pdf) on  
8 April 29, 2015.

9           I declare under penalty of perjury under the laws of the United States of America that  
10 the foregoing is true and correct.

11           DATED this 29<sup>th</sup> day of April, 2015, in Seattle, Washington.

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Kristin Ballinger

**CERTIFICATE OF SERVICE**

I, Susie Clifford, declare that I am employed by the law firm of Calfo Harrigan Leyh & Eakes LLP, a citizen of the United States of America, a resident of the State of Washington, over the age of eighteen (18) years, not a party to the above-entitled action, and competent to be a witness herein.

On May 1, 2015, I caused a true and correct copy of the foregoing document to be served on counsel listed below in the manner indicated:

**Counsel for Plaintiffs**

Thomas S. Stewart  
 Elizabeth G. McCulley  
 Stewart Wald & McCulley LLC  
 9200 Ward Parkway, Suite 550  
 Kansas City, MO 64114  
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 Fax: (816) 527-8068  
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[mcculley@swm.legal](mailto:mcculley@swm.legal)

- Via legal messengers
- Via first class mail
- Via facsimile
- Via email
- Via ECF

Daryl A. Deutsch, WSBA No. 11003  
 Rodgers Deutsch & Turner, P.L.L.C.  
 3 Lake Bellevue Dr. Suite 100  
 Bellevue, WA 98005  
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 Facsimile (425) 455-1626  
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- Via email
- Via ECF

**Counsel for Puget Sound Energy:**

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 Blake Marks-Dias, WSBA #28169  
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- Via facsimile
- Via email
- Via ECF

1           **Counsel for King County:**

2           David J. Hackett, WSBA#21236  
3           H. Kevin Wright, WSBA #19121  
4           Peter G. Ramels, WSBA #21120  
5           Andrew W. Marcuse, WSBA#27552  
6           Senior Deputy Prosecuting Attorneys  
7           King County  
8           500 Fourth Ave., 9<sup>th</sup> Floor  
9           Seattle, WA 98104  
10          (206) 296-8820  
11          (206) 296-8819 Fax  
12          [David.hackett@kingcounty.gov](mailto:David.hackett@kingcounty.gov)  
13          [Kevin.ramels@kingcounty.gov](mailto:Kevin.ramels@kingcounty.gov)  
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15          [Andrew.marcuse@kingcounty.gov](mailto:Andrew.marcuse@kingcounty.gov)

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1           **Counsel for Defendant Cascade Water  
2           Alliance**

3           Dale N. Johnson, WSBA #26629  
4           Van Ness Feldman LLP  
5           2025 First Avenue, Suite 500  
6           Seattle, WA 98121-3140  
7           Telephone: (206) 382-9540  
8           Fax: (206) 626-0675  
9           Email: [dnj@vnf.com](mailto:dnj@vnf.com)

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1           DATED this 1<sup>st</sup> day of May, 2015.

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s/*Susie Clifford* \_\_\_\_\_  
SUSIE CLIFFORD



## TORT CLAIM FORM PACKET

*Please carefully read all of the information in this packet before completing and presenting your Tort Claim Form.*

### **Documents Contained in the Tort Claim Form Packet**

- Instructions for completing the Tort Claim Form
- Tort Claim Form
- Medical Authorization

### **Legal Requirements for Presenting Tort Claim Forms**

In order to verify the claim and supporting information, the law requires that the Tort Claim Form be signed by:

- Claimant; or
- Person holding a written power of attorney from the Claimant; or
- Attorney admitted to practice in Washington State on the Claimant's behalf; or
- Court-approved guardian or guardian ad litem on behalf of the Claimant.

### **Present in Person or Mail the Tort Claim Form and Supporting Documents to:**

Sara Kern, Claims Manager **or**  
Jeff Hollingsworth, Risk Manager **or**  
Vianney Muse, Risk Claims Analyst  
Port of Seattle  
2711 Alaskan Way  
P. O. Box 1209  
Seattle, WA 98111

Business hours: Monday through Friday 8:00 a.m. to 4:30 p.m.

Closed on weekends and holidays

A claim is deemed presented when the claim form is delivered in person or is received by the agent by regular mail, registered mail or certified mail with return receipt requested, to the agent(s) designated above.

**Instructions for Completing the Tort Claim Form**

**Please read these instructions carefully before presenting a Tort Claim Form.**

- Type or print clearly in ink and sign the Tort Claim Form.
- If the requested information cannot be supplied in the space provided, please use additional pages to complete the Tort Claim Form.
- If you are presenting a personal injury claim, please sign and attach the Medical Release form.
- If the incident that caused the damages occurred over a period of time, please provide the beginning and ending date.
- Provide all requested information and any available documents or evidence supporting your claim, such as medical records or bills for personal injuries, photographs, proof of ownership for property damage, receipts for repairs, wage loss information, and other documentation as appropriate.
- An adjuster will be assigned to your claim after it is submitted. It is to your advantage to present with your claim all relevant supporting documents. All documents may be subject to Washington State Public Disclosure statutes.
- Additional claim forms can be downloaded from the Port of Seattle website.  
<http://www.portseattle.org/about/contact/>



## TORT CLAIM FORM

*Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the Port of Seattle. Some of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. Pursuant to law, this tort claim form cannot be submitted electronically (via email or fax).*

Mail or deliver  
original form to: Sara Kern, Claims Manager **or**  
Jeff Hollingsworth, Risk Manager **or**  
Vianney Muse, Risk Claims Analyst  
Port of Seattle  
2711 Alaskan Way  
P. O. Box 1209  
Seattle, WA 98111

Business hours: Monday through Friday 8:00 a.m. to 4:30 p.m.  
Closed on weekends and holidays

### **CLAIMANT INFORMATION**

Claimant's Name: \_\_\_\_\_  
                            Last                          First                          Middle

Date of Birth: \_\_\_\_\_

Current Residential Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Residential Address at Time of Incident: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_  
                            Home/Cell                          Business

Email address: \_\_\_\_\_

### **INCIDENT INFORMATION**

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Description of the conduct or circumstances that brought about the injury or damage:

Description of injury and/or damage:

Names, addresses and telephone numbers of all persons involved in or witness to this incident and of all Port of Seattle employees having knowledge of this incident:

Names, addresses and telephone numbers of all individuals not already identified that have knowledge regarding the liability issues involved in this incident or knowledge of claimant's damages. Please include a brief description of the nature and extent of each individual's knowledge.

Was this incident reported to law enforcement, Port of Seattle or other personnel? If so, when and to whom. Please include the Police department case number and/or copy of the report.

Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

Name, address and telephone number of your employer if claiming lost wages. Please identify your position and rate of pay.

Amount of damages claimed: \$ \_\_\_\_\_

Please attach all documents which support the allegations and claimed damages.

**This Tort Claim Form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, by the attorney-in-fact for the Claimant, by an attorney admitted to practice in Washington State on the Claimant's behalf, or by a court-approved guardian or guardian ad litem on behalf of the Claimant.**

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

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Date

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Signature

### **Authorization for Release of Protected Health Information**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Medicare/Medicaid Recipient: Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby authorize disclosure of my protected health information for the purpose of processing my claim for damages filed with the Port of Seattle. Please send legible copies of all records to:

Port of Seattle, Risk Management  
P. O. Box 1209  
Seattle, WA 98111

I understand that by signing this document, I authorize the release of the following information:

Complete medical records for all services, including history and physical exam; progress notes; x-ray reports; inpatient admissions; operative notes; physical or other therapy; laboratory and other test reports; physician and physician assistant orders; nursing notes; and all other records and references designated by the provider as part of its medical record.

HIV test results and information related to HIV testing and/or treatment.

Psychiatric, mental and behavioral health records, including treatment notes, assessments, testing documents and results, and medical records related to mental health diagnosis and treatment.

Alcohol assessment, testing, referral and/or treatment records.

Pharmacy prescriptions and reports.

All correspondence and documents received or sent, including electronic mail, referencing my treatment, information related to alleged sexual assault or sexually transmitted disease, including test results.

Urgent care, outpatient or other clinic visit information.

Gynecological and/or obstetrical information

All client records generated for or by governmental programs of which I am a client. Identify the programs(s) and agency: \_\_\_\_\_.

Financial records related to my care and treatment.

I understand the following: (PLEASE READ AND INITIAL ALL STATEMENTS)

- My records are protected under HIPAA/PHI regulations (federal law) and the Washington State Health Care Information Act (RCW 70.02).
- My health information may be subject to re-disclosure by the Port of Seattle and not protected for purposes of evaluating and investigating the claim I have filed.
- The specific information to be disclosed in my medical record may include information relating to alcohol, drug or other controlled substance use, counseling referrals and/or a history of testing or treatment of HIV/AIDS.
- I may revoke this Authorization at any time by notifying the Port of Seattle, Risk Management, in writing. The revocation will be effective as of the date the Port of Seattle receives it. Any records obtained pursuant to this Authorization prior to the revocation will be deemed authorized by me for release.
- This Authorization will expire ninety (90) days from the date I sign it. I can also authorize a different time frame for this release to be valid.

A copy of this Authorization is as valid as the original.

Date: \_\_\_\_\_  
(Signature)